

Newsletter

Citizens for the
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TO: STATE HEALTH DIRECTORS, STATE HIGH BLOOD PRESSURE
COORDINATORS AND THE NATIONAL LEGISLATIVE NETWORK

FROM: MIKE GORMAN, EXECUTIVE DIRECTOR
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SUBJECT: NEW HYPERTENSION LEGISLATION

This report is being sent to you without the final precise language on the hypertension program. However, since the final conference report on the Budget Reconciliation Act may not be in print before the Congress leaves town, we are giving you this 99 percent complete summary of actions to date.

FUNDS FOR HIGH BLOOD PRESSURE

The bill provides funding for a three-year continuation of the hypertension program. The level of funding is a minimum of the following percentages of the Fiscal 1981 \$20 million appropriation:

- (1) Seventy-five percent for Fiscal 1982 (a minimum of \$15 million). This is the same amount as was contained in the Waxman-Dingell House bill which was reported on in a previous mailgram.
- (2) Seventy percent of the Fiscal 1981 appropriation in Fiscal 1983 (a minimum of \$14 million).
- (3) Sixty percent of the Fiscal 1981 figure in Fiscal 1984 (a minimum of \$12 million).

The important point — and a great victory for us — is that we are the only categorical set-aside in a now manageable Preventive Health Block. As finally cleared by the conference committee on Thursday, July 30, the Preventive Health Block is funded at \$92 million in Fiscal 1982; \$93.5 million in Fiscal 1983, and \$95.5 million in Fiscal 1984. There is a small add-on of three million dollars a year for rape crisis intervention which was added at the last moment. The basic programs in the preventive health block are:

- (a) Emergency Medical Services — This will only fund the continuation of present emergency medical service centers. It will then be eliminated.
- (b) Home Health — This is a quite small program which has not really gotten off the ground yet.
- (c) Rat Control
- (d) Fluoridation
- (e) Health Education/Risk Reduction
- (f) Health Incentive Grants

DISPOSITION OF FUNDS

WITHIN THE PREVENTIVE BLOCK

In earlier versions of the preventive block grant, there was usually a vague statement to the effect that the amount allotted to each program would bear the same ratio in the total block as the proportion received in Fiscal 1981. This has really gone out of the window, because there are so many categorical set-asides in the health section of the budget that no such ratios can be implemented.

As Senator Dan Quayle (R.Ind.), a ranking member of the Senate Labor and Human Resources Committee expressed it at the final mark-up of the bill: "These are no longer the large health block grants proposed by the Administration. They are, for the most part, categorical programs disguised as block grants."

We cannot emphasize too strongly that the Congress did not buy the Administration concept of large block grants with almost total flexibility for the states to determine where the funds would go. If the Administration

*For: Coordinating
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*Funding for FY 1983-84
were protected by the set aside -*

view had prevailed, we would now be in the position of having no guaranteed funds for the next three years; we would be thrown in a block with ten additional programs including family planning, lead-based paint poisoning, adolescent pregnancy, venereal disease, tuberculosis, and others which were removed from the block by the House.

The total resolution of the block grant issue was best described in the July 29 issue of THE WALL STREET JOURNAL:

"The one area where the Democrats clearly handed the administration a setback was on proposals to convert numerous single category aid programs into broad block grants to the states at reduced funding levels. The Administration badly wanted these changes for two basic reasons: a desire to transfer more authority to state governments and a belief that it would then be easier to fend off any subsequent clamor for increased spending later. (Emphasis ours)

"While the conferees' bill does establish some block grants, it doesn't go nearly as far or as deep as the White House wanted. Chairman Orrin Hatch (R., Utah) of the Senate Labor Committee even took the unusual step of demanding a letter from the White House supporting his efforts in this area so he would not be blamed by conservatives for the final product. 'I just wanted a coequal share of the burden,' he explained.

"Conversely, the committee's senior Democrat, Senator Edward Kennedy of Massachusetts, was delighted with the outcome in this area."

WHAT ARE THE GUIDELINES

FOR THE PREVENTIVE BLOCK GRANT?

We want to make sure that you understand that the following information is tentative. It is based upon the records of House and Senate hearings and a number of confusing and hectic mark-up sessions which occurred in committee rooms, hallways, in the office of the Senate Majority Leader, and so on right through Thursday, July 30. However, the Senate Report accompanying its final bill (S.1377) lays down some general guidelines. The House Report does not include these guidelines, since a tie vote in the full House committee prevented inclusion of any report language accompanying its final bill (H.R.3982). The key Senate guidelines are as follows:

(1) Wherever possible, these block grants will start on October 1, 1981. However,

where a state is unable to set priorities within the total block by that date, in the interim it could administer and take responsibility for any part of the block which is already ongoing. Naturally, the hypertension grant would come within this guideline; it is ongoing, and the funds allocated to it have been mandated by the Congress. The remaining funds in the Preventive Block would be administered by the Secretary of Health and Human Services until such time as the state has worked out program priorities.

Application to Hypertension Program: It doesn't apply. We are a categorical set-aside, so we do just what we have been doing in past years.

(2) After the initial year of the program, public hearings would have to be held by the state legislature on the allocation of the funds under the grant.

Application to Hypertension Program: We don't think there is any application here to our program. It does affect those programs in the Preventive Health Block which have not received a categorical guarantee. However, wherever possible, state hypertension coalitions should use the public hearings as an opportunity to increase the funds allocated to hypertension, since our three-year figures are minimum ones and we are obviously not going to be satisfied with \$14 million in Fiscal 1983 and \$12 million in Fiscal 1984. We are quite fortunate in being in a stripped-down Preventive Block with some rather weak programs from the point of view of past Congressional support. We therefore have a tremendous opportunity to increase our share of the total pie.

(3) The state must file an application in order to receive funds.

Application to Hypertension Program: You people at the state level know how to make out applications, so there is no burden here. The application is limited to a statement of the state's agreement to comply with basic accounting and other safeguards.

(4) The Secretary of Health and Human Services is directed to provide technical assistance to any state that requires it in implementing a program.

Application to Hypertension Program: We welcome such assistance. Up until now, states have received technical assistance and regulation guidance from the Health Services Administration. Despite persistent rumors, the Health Services Administration

is still organizationally intact and has hypertension specialists who can aid the states. In addition, Secretary Schweiker has set up a transition team to work with the states.

NATIONAL VISIBILITY AND IDENTITY
OF THE HYPERTENSION PROJECT PROGRAM

In testifying before both House and Senate appropriations and legislative committees, our most powerful argument has been that the federal money has served as a catalyst in generating tremendous additional amounts of money from the private sector and through voluntary efforts. You are all aware of Dr. Robert Levy's estimate that we receive the equivalent of at least \$50 million a year through the efforts of various voluntary health organizations. In addition, we have been receiving approximately \$30 million a year in free media, television and radio time through the Advertising Council of America.

The present Administration keeps telling us that we are doing the best job in the country in involving national health organizations, industry, etc. in "the most outstanding effort in the field of preventive medicine." In fact, Secretary Schweiker makes a speech every two or three weeks about how great we are. It is really ironic that on July 16 and 17, 1981 the Senate Committee on Labor and Human Resources held a two-day hearing on Preventive Medicine and Health Promotion exactly a month after it had reported out a bill so poorly drafted that its Preventive Health Block was thrown out of conference on the first day. The hearing was jointly sponsored by the Senate Committee and by the commission for Responsible Health Policy, a national organization chaired by Dr. Michael DeBakey. As Chairman of Citizens for the Treatment of High Blood Pressure, Dr. DeBakey in his testimony pointed out the necessity for retaining the national visibility and identity of the hypertension program. At the same hearing, Secretary Schweiker gave his usual Hallelujah for the Hypertension program in these words:

"The National High Blood Pressure Education Program, which you will hear more about tomorrow, is a model for these coordinative efforts. This is a program of about 15 Federal agencies, 150 major national organizations, 50 state health departments, and 2,000 organized community control programs. The principal Federal role in the process is that of

facilitator — through the design of intervention methodologies, the identification of target groups and pulling together participants. Just two weeks ago, FDA Commissioner Hayes and I met with representatives of 78 food industry associations to enlist their support of an effort to reduce the amount of sodium in the American diet. Reduction of sodium is important to 25 to 50 percent of the estimated 60 million Americans who have or may be disposed to develop hypertension."

SOME EARLY CONCLUSIONS
ON CONGRESSIONAL ACTION

In a statement released after the conference action, Senator Edward Kennedy, ranking minority member of the Senate Labor and Human Resources Committee, said: "We have preserved the identity of the high blood pressure program for the next three years. This is a great victory for the outstanding program in the field of preventive medicine."

Summarizing the general reaction of the Congress to the grandiose original block grant plans of the Reagan Administration, THE WASHINGTON POST yesterday summarized the final action this way:

"Little noticed in the omnibus budget bills on Capitol Hill have been the surviving shreds of President Reagan's blueprint for a large-scale transfer of control over federal dollars from Washington to state and local governments...The White House calculated last week that what survived in some version in both House and Senate bills was about one-third of the President's plan for consolidating 83 separate federally administered programs into six block grants controlled by the states."

WHERE DO WE GO FROM HERE?

It is our considered opinion that we have done exceedingly well under the circumstances. Although we have received some cut in funds, there is practically no program in government, outside of Defense, which has emerged immune from the \$38 billion overall slash in government expenditures.

There is a positive side to this cut. We will, in the next several years, have to do a much better job of working with state legislatures; to see that they begin to give us supplementary funding. Citizens has begun this process in a few states, and we have had some significant successes. Only last week,

Governor Carey of New York signed legislation creating a New York State Heart and Hypertension Institute. The Governor's action is a result of a long and intensive campaign by New York Citizens for the Treatment of High Blood Pressure, an affiliate of Citizens. In the coming years, we must build more affiliates like the one in New York State.

In talking to a few state hypertension coordinators and others over the last few months, we have noted a degree of anxiety about the future of the program. This is understandable but not justifiable. For those faint-hearted among you, maybe it is time for you to consider looking elsewhere. We think those who do so will leave at the most exciting point in the history of the hypertension program. We really are actually very new — we received our first Federal appropriation of \$3 1/2 million in December, 1975. We have come a long way, and we will go a long way in the years ahead because we have many strong Congressional proponents from both Parties and many powerful organizations in the field solidly behind us.

Furthermore, we don't know what will happen next year on the Washington scene. We do know that the authorizing and appropriations committees in both the House and Senate are extraordinarily unhappy with the way in which the Budget Reconciliation Act was forced down their throats in April without proper hearings and in violation of the provisions of the Budget Control and Impoundment Act of 1974. We managed to survive this undemocratic process, but many fine health programs have been severely crippled.

One final note: Since all the above information is based upon legislation which has not yet gone to the President, we reserve the right to add necessary details and correct any conjectures which prove to be just that. We wanted you to have as much information as possible now, so that we could reduce your anxiety attacks to tolerable levels.

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